



TAHOE FOREST HOSPITAL DISTRICT

# 2016-02-17 Board Governance Committee Meeting

Wednesday, February 17, 2016 at 8:00 a.m.

Tahoe Conference Room

10054 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2016-02-17 Board Governance Committee Meeting

02/17/2016 Governance Committee Agenda

## AGENDA

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ITEMS 1 - 4: See Agenda

## 5. APPROVAL OF MINUTES

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## 6. CLOSED SESSION

## 7. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

7.1. CEO Administrative Report  
Harry Weis  
Report will be distributed on Tuesday.

7.2. 2015 Compliance Program 4th Quarter and Annual Report OPEN  
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### 7.3. Contracts

7.3.1. Walter Kopp engagement letter 2016\_0210.pdf Page 13

7.3.4. Cahill\_TFHD\_Call\_Coverage\_Agreement\_2016.pdf Page 16

7.3.2. Legarza Radiation Oncology Coverage Agreement.pdf Page 46

7.3.3. Allen\_TFHD\_Call\_Coverage\_Agreement\_2016.pdf Page 72

7.4. TFHD BOD Retreat Recap.pdf Page 102

ITEMS 8 - 10: See Agenda



# GOVERNANCE COMMITTEE AGENDA

Wednesday, February 17, 2016 at 8:00 a.m.  
Tahoe Conference Room - Tahoe Forest Hospital  
10054 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

John Mohun, Chair; Greg Jellinek, M.D., Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF: 01/20/2016**

6. **CLOSED SESSION**

6.1. **Approval of Closed Session Minutes: 01/20/2016**

6.2. **2015 Annual Compliance Report ..... ATTACHMENT**

7. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

7.1. **CEO Administrative Report ..... \*ATTACHMENT**

Governance Committee will review an update report from the CEO.

7.2. **2015 Annual Compliance Report ..... ATTACHMENT**

Governance Committee will review the 2015 Annual Compliance Report prepared by The Fox Group.

7.3. **Contracts ..... ATTACHMENT**

New, amended, and auto renewed contracts are submitted to the Governance Committee for review and consideration for recommendation of approval by the Board of Directors.

- 7.3.1. Kopp – Consulting Engagement Letter
- 7.3.2. Legarza – Radiation Oncology Coverage Agreement
- 7.3.3. Allen – TFHD Call Coverage Agreement
- 7.3.4. Cahill - TFHD Call Coverage Agreement

**7.4. TIMED ITEM - 9:00 a.m. - Board Retreat Recap with Lisa Toutant**

Committee will receive a recap of the February 1-2, 2016 Board Retreat.

**8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS****9. NEXT MEETING DATE****10. ADJOURN**

\*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



# GOVERNANCE COMMITTEE

## DRAFT MINUTES

Wednesday, January 20, 2016 at 12:00 p.m.  
Tahoe Conference Room - Tahoe Forest Hospital  
10054 Pine Avenue, Truckee, CA.

### 1. CALL TO ORDER

Meeting was called to order at 12:03 p.m.

### 2. ROLL CALL

Board: Karen Sessler, M.D., Chair; Greg Jellinek, M.D., Board Member

Staff: Harry Weis, CEO; Jake Dorst, CIO; Crystal Betts, CFO; Judy Newland, CNO/COO; Ted Owens, Director of Community Development; Stephanie Hanson, Compliance Analyst; Carl Blumberg, Risk and Patient Safety Officer; Gayle McAmis, MSC

Other: David Henninger, Hooper, Lundy & Bookman (*via phone*); Jim Hook, The Fox Group

*Director John Mohun attended as a member of the public.*

### 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

Request was made to move contracts to 12:30 p.m. so Dr. Coll could join. Request was also made to move the approval of minutes to the end of agenda.

### 4. INPUT – AUDIENCE

No public comment was received.

### 5. APPROVAL OF MINUTES OF: 12/16/2015

Director Sessler moved to approve the December 16, 2015 Governance Committee minutes.

### 6. CLOSED SESSION

#### 6.1. Approval of Closed Session Minutes: 12/16/2015

Discussion was held on a privileged matter.

### 7. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

#### 7.1. Governance Committee Education

David Henninger of Hooper, Lundy & Bookman presented education to the Committee on Physician Compensation and Fair Market Value (FMV).

Mr. Henninger highlighted two recent cases. The first was an 85 million dollar settlement involving Halifax Health in Florida. Mr. Henninger stated there were several things going on but the arrangement of oncologists was brought to court. Their agreement did not comply with Stark Law because their bonus compensation was based on and varied with referrals. Halifax ended up settling with the government. The second case was an Adventist hospital case where excessive compensation was being paid to a number of

doctors. Compensation took into account referrals and physicians were paid with inflated WRVU rates. Case was settled prior to going to court.

TFHD District does not have any bonus pools tied to referrals.

Discussion was held on whether FMV appraisals from ECG protect the District. FMV appraisals are consistent under Stark Law. Compensation is consistent with the market.

The issue with the multitude of claims being seen have to do with compensation arrangements.

CEO noted predominance of the FMV process at TFHD. It is a good process for the district to have.

Mr. Henninger noted there is a bigger concern when private practices are being purchased and then those doctors are being paid more. This creates a higher level of risk in violating Stark Law.

The Fox Group asked Mr. Henninger if this should be part of 2016 compliance audit. Mr. Henninger indicated it would be a good idea to monitor arrangements and track. FMV reports are a good protection for the District but would be better if monitoring arrangements were added.

Director Jellinek stated data was all over the board for physician compensation when analyzed. Mr. Henninger indicated it would be good to do an analysis formally if possible.

Director Sessler asked if they should look at just physician professional fees. Mr. Henninger responded they should only look at professional fees and service lines but do not break down by individual doctors.

Mr. Henninger indicated showing that the District is not blindly paying physicians puts TFHD in a better position.

Discussion was held on whether isolation helps the District when the nearest facility is 45 minutes away. Mr. Henninger indicated it would be a good argument to show why TFHD would not pay for referrals if it was going to get them anyway.

Discussion was held regarding the consultant in the Halifax Health case. The government can second guess an appraiser.

Discussion was held regarding TFHD following guidelines.

## **7.2. 2016 Corporate Compliance Program Annual Work Plan Review**

The Fox Group reviewed the proposed 2016 Corporate Compliance Program Annual Work Plan.

2015 Compliance Program survey was emailed out to all board members.

Compliance plan has developed over the last several years with the exception of 2014.

Compliance believes changes should be made to District's Code of Conduct. Compliance would also like to further develop staff training via HealthStream, expand training for Directors and Med Staff and additional training for Board at retreat.

New to this year's work plan is the Incident to Billing for Nurse Practitioners and Physician Assistants.

Compliance will continue to audit physician payments.

Items five through seven are ongoing items and routine activities.

Director Sessler inquired about best practices in board oversight in compliance. Board oversight is captured under item 2 of the Work Plan – High Level Oversight.

CEO will recommend at board meeting that Compliance Committee consist only of staff, not board members. Governance Committee is the appropriate setting for board members to spend time with compliance.

Compliance was directed to add a continual audit of professional billing to the Work Plan.

Compliance Work Plan is fluid and can be adjusted at any time.

Staff was directed to add the Compliance Work Plan to full board agenda and retreat agenda.

### **7.3. Board Retreat Update**

Ted Owens gave Governance Committee an update on the February 1-2, 2016 Board Retreat.

Retreat Facilitator Lisa Toutant will begin making phone calls to Board Members. Director Jellinek requested a copy of agenda prior to Lisa's phone call.

David Ruderman of Colantuono, Highsmith & Whatley will give the Board an update on FPPC legislation changes.

CEO will concentrate his presentation on observations, philosophies, TFHD Mission and Vision.

Director Sessler asked for Board Self-Assessment, goal setting and feedback on televised of meetings to be added to the retreat agenda.

### **7.4. Contracts**

*Item heard before 7.3 to accommodate physician arrival.*

**7.4.1.** Wicks - Physician Recruitment Agreement for Conditional Loan Repayment 2016  
Conditional Loan Repayment agreement amount is variable based on physician receiving Steven M. Thompson award but has a not to exceed amount of \$105,000.

Director Jellinek inquired if Dr. Wicks would live in Truckee. Dr. Coll stated that Dr. Wicks was

planning to move to the area.

CEO remarked that being a rural area was an advantage for doctors wishing to apply for the Steven M. Thompson award.

**7.4.2. Wicks - TFH Call Coverage Agreement 2016**

Call Coverage Agreement is the same agreement as for offered to the other pediatricians.

**7.4.3. Wicks - Professional Services Agreement-MultiSpecialty Clinics 2016**

Gayle McAmis met with the other pediatricians as requested at the December Governance Committee meeting. Pediatrician contracts historically have not differentiated based on years of experience.

Governance Committee recommended to bring to full board meeting on consent calendar.

*Dr. Coll and Gayle McAmis departed at 1:08 p.m.*

**Open Session recessed at 1:17 p.m.**

*Closed Session item was heard at this time.*

**Open Session reconvened at 1:19 p.m.**

**8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

No discussion was held.

**9. NEXT MEETING DATE**

Governance Committee is tentatively set for February 17, 2016.

**10. ADJOURN**

**Meeting adjourned at 1:20 p.m.**





## Board Informational Report

**By: Jim Hook**  
Corporate Compliance  
Consultant, The Fox Group

**DATE:** January 27, 2015

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### **2015 Compliance Program Annual/4<sup>th</sup> Quarter Update (Open Session)**

The Compliance Committee is providing the Board of Directors(BOD) with a report of the 4<sup>th</sup> Quarter 2015 Compliance Program activities report and 2015 Annual Report (open session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

# 2015 Corporate Compliance Program Annual Report

## OPEN SESSION

Period Covered by Report: **January 1, 2015 –December 31, 2015**

Completed by: James Hook, Compliance Consultant, The Fox Group

### **1. Written Policies and Procedures**

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. The following policies were reviewed or revised by the Compliance Department with recommendations to the Board of Directors:

- 1.1.1. Physician Non-Monetary Compensation #AGOV1502
- 1.1.2. Physicians and Professional Services Policy/Procedure #ABD 21
- 1.1.3. Corporate Compliance Program, Policy/Procedure #AGOV-31
- 1.1.4. Marketing Support Agreement template
- 1.1.5. Attorney-in-fact Agreement template

### **2. Compliance Oversight / Designation of Compliance Individuals**

2.1. Corporate Compliance Committee Membership as of December 31, 2015:

- 2.1.1. The Fox Group – Compliance Consultants
- 2.1.2. Judy Newland, RN – Chief Operating Officer/Chief Nursing Officer
- 2.1.3. Harry Weis – Chief Executive Officer
- 2.1.4. Crystal Betts – Chief Financial Officer
- 2.1.5. Denise Hunt – Director of Health Information Management/ Privacy Officer
- 2.1.6. Jake Dorst – Chief Innovation Officer
- 2.1.7. Jayne O'Flanagan – Chief Human Resources Officer
- 2.1.8. Stephanie Hanson, RN – Compliance Analyst

### **3. Education & Training**

- 3.1. New employee orientation training in Health Stream was updated based on recommendations from The Fox Group-Compliance Consultants.
- 3.2. All new employees are educated during orientation.
- 3.3. "Compliance Corner" continues in the monthly employee newsletter providing on-going compliance education for staff.
- 3.4. The Board of Directors received a presentation on Compliance Program elements, risk areas for hospitals, and responsibilities of Board members for oversight and monitoring.
- 3.5. Compliance Analyst became certified in Health Care Compliance under the HCCA Certification Program.

OPEN SESSION

**4. Effective Lines of Communication/Reporting**

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department.

4.1.1.No calls were received on the Hotline for the 4<sup>th</sup> quarter. A total of 5 calls were received on the Compliance Hotline for calendar year 2015.

4.1.2.Five reports were made directly to the Compliance Department for the 4<sup>th</sup> quarter.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events.

**5. Enforcing Standards through well-publicized Disciplinary Guidelines**

5.1. 98.4% of Health Stream corporate compliance modules were completed for eligible employees for the calendar year 2015.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions. All vendors are checked using the vendor credentialing program annually, and ongoing monitoring continues at various intervals.

**6. Auditing & Monitoring**

6.1. Four audits were completed during the 4<sup>th</sup> quarter as part of the 2015 corporate compliance work plan.

6.1.1. Hospital Physician Credentialing Report – Outside surveyor Linda Garrett states “Review of medical staff credentialing files (use credentialing checklist) to assure all staff have current licenses, meet minimum qualifications, training and experience etc. Agreements for Primary Source Verification and external peer review are in place if used.”

6.1.2. Home Health Services: Employment of individuals with criminal convictions – Twenty four employees of the Home Health/Hospice department human resource records were reviewed for criminal background checks and convictions. 100% of the employees had criminal background checks upon hire.

6.1.3. Hospital: Patient admission Criteria (2 midnight rule)- The 1st and 2nd quarters of 2015 proved to have process issues that prevented 100% compliance to Medicare certification(CERT) signing. A process was developed during 2nd quarter which has now proven to be 100% successful in obtaining CERT for patients who qualify. There were 5 CERTS that were not signed for calendar year 2015 as the physician to the best of their ability anticipated that a patient could not be discharged or transferred within 96 hours.

## 2015 Corporate Compliance Program Annual Report

### OPEN SESSION

- 6.1.4. Audit of payment for swing-bed services in CAHs, vs. the payments at SNF payment levels, was not performed
- 6.1.5. Acute care hospitalizations of nursing home residents for manageable and preventable conditions: 12 patients were transferred from the ECC to acute care in 2015. It was determined that 2 of those patients (16.6%) could have been managed in the ECC.
- 6.2. A total of 9 of 10 audits planned in the 2015 Corporate Compliance Workplan were completed in 2015. The final audit regarding payment for swing-bed services in CASs, was deemed not likely to demonstrate any meaningful information on District operations or compliance.

### **7. Responding to Detected Offenses & Corrective Action Initiatives**

- 7.1. Investigations of suspected and actual breach incidents were initiated. Several investigations revealed no violations. Remediation measures, including additional staff training and updated policies and procedures, were implemented to prevent further violations.

### **7.3. Contracts**

Contracts redacted.

Available for public viewing via a Public Records request.



# Tahoe Forest Hospital

## Board of Directors Retreat – Meeting Notes

February 1 & 2, 2016  
Cedar House Sport Hotel



## Retreat Overview

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The Board gathered for their annual retreat, which spanned two days at the Cedar House Sport Hotel in Truckee. Agenda items included:

- Brief update from Council regarding changes to the Fair Political Practices Commission
- Update from CEO, Harry Weis regarding organizational chart and general philosophies and observations
- Board education from Walter Kopp regarding “Clinically Integrated Communities” and other trends in California
- Mission, vision and strategic plan update and brainstorming
- Compliance update from the Fox Group
- Board roundtable discussion that included SWOT review and goal updates
- Order and decorum discussion and establishment

Relevant meeting notes are available on  
the following slides

## Mission, Vision & Values

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Working with the Executive Team, the Board conducted a brainstorming session to update the mission and vision of the hospital district.

### Tahoe Forest Mission:

We exist to make a difference in the health of our communities through excellence and compassion in all we do.

### Tahoe Forest Vision:

To serve our region by striving to be the best mountain health system in the nation.

### Values:

(this is a list of concepts for consideration for Administration when updating the values)

- Innovation
- Compassion
- Agility
- Integrity/Trust
- Patient satisfaction
- Community satisfaction

Administration anticipates sharing updated values in March



## **Board Roundtable Discussion**

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The roundtable discussion included reviewing 2015 board successes and opportunities.

### **2015 Board Successes**

- New CEO
- Compliance
- Meeting structure
- Transparency
- ECG work
- Good beginning with OAC
- Strides with community wellness
- Improved view of Board from the public

## Board Roundtable Discussion

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The roundtable discussion included reviewing 2015 board successes and opportunities.

### 2015 Board Opportunities

- Improve interactions (proactive & prepared) with medical staff
  - Contracting and communication
- Keeping the “meeting temperature” down
- Learn more about hospital business
  - Board education
- Stay on topic at meetings – efficient
- Stay out of the weeds – operations vs governance
- Move on once decision is made –
- support decisions moving forward
- Compliance
- Board connect with the community – listen to the community
- Communication – tone and verbiage
- Education needs – communication
- Culture to support “change”
- Study for out-migration
  - In-patient vs. out-patient loss
  - How to get new/real data

## **Board Roundtable - 2015 Board Assessment Tool Review**

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The Board discussed the board assessment survey tool to determine how useful it is to the Board. Feedback suggested the survey could be updated for 2016.

- Current survey is too long and tedious
- The questions that have “not sure” as answers are likely areas for necessary Board education
- The current survey might be utilized to create a more relevant, shorter survey on a tool such as survey monkey

## Board Goals/Priorities - Review

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The Board reviewed and updated their goals for the 2016 calendar year. It was noted that some of the goals are perpetual and are part of the foundational responsibilities of the Board.

### 2016 BOARD GOALS

- District Sustainability
- Board/Community Relationship
- Compliance
- CEO Relationship
- Education

## Board Goals/Priorities – District Sustainability

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### Stated Goal: Ensure the Long-term Viability of the Hospital District

#### Tactics

1. Continue to have strong finances and improving the bond rating to BBB+
2. Work to improve relationships and trust for strong physician alignment
3. Support Administration in developing a Master plan
4. Strive to deliver high quality/satisfaction as a Board; the same that is expected of the entire hospital district

## Board Goals/Priorities – Board/Community Relationship

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### Stated Goal: Improve the Relationship between the Board and the Community

#### Tactics

1. Support the Administration efforts of community education
  - Cost-benefit analysis | Value proposition
2. Increase the Board's community outreach through new and different channels
3. Embody the hospital mission and contribute to the overall positive messaging

## **Board Goals/Priorities – Compliance**

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**Stated Goal: Continue to ensure an effective Compliance Program is part of the culture of the hospital district**

### Tactics

1. Work closely with Administration
2. Receive a quarterly update report to the Board from the CEO
3. Review and understand the consultant reports/recommendations

## Board Goals/Priorities – Board/Administration Relationship

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### Stated Goal: Develop a Strong Partnership between the Board & CEO

#### Tactics

1. Establish the expectations for CEO success
2. Develop appropriate communication strategy for Board/CEO communications
3. Confirm the CEO compensation goals as tied to specific metrics
4. Guarantee no surprises – both directions



## Board Goals/Priorities – Education

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**Stated Goal: Establish ongoing education opportunities throughout the year to ensure the Board is current and well-versed on key topics**

### Tactics

#### 1. Ethics education

- Need one repository for all information regarding ethics to reside (potential large binder)
- Annual training

#### 2. Host a one-two hour education session regarding communication

#### 3. Leverage Board assessment tool for low hanging fruit education opportunities

#### 4. Out-migration data culling and education

#### 5. Physician salary modeling and best practices

## Board Education – Annual Conferences/Training

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The Board and Administration reviewed opportunities for participation in industry training and conferences. Administration will research the options and provide the Board with a recommendation.

- November in Southern California for new directors
  - Marina del Ray, Nov 6-9
  - Some staff & medical staff participating – opportunity for teaming/bonding
- Center for Healthcare Governance
  - September 2016
  - February 2017
- ACHD
  - Late January 2017
  - Opportunity for new directors
- Local 1-day retreat
  - Bring in a respected speaker and create a valuable program
  - All relevant staff could participate with the Board
  - Potential to videotape for sharing and archive

## Appendix

- Updated SWOT

## Strengths of the Board of Directors – Updated January 2016

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- Cohesiveness
- Respectful of difference of opinions
- Robust discussions
- Diversity of background
- Devotion of time/energy
- Ability to achieve consensus
- Dedicated to district
- Willing and dedication to learn
- Improved transparency
- Understand role to protect district
- Do the districts business
- Collaborate with Administration, Staff, Physicians (hopefully have gained trust)
- Set goals and worked at them
- Not a rubber stamp board
- Committed to self improvement
- Understand Brown Act and governance

## Weaknesses of the Board of Directors – Updated January 2016

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- Lack of diversity – professional, ethnic, location of residence
- Caremark case potential of passive recipients of information (need education)
- Trust issue regarding information and data
- Different languages for communication
- More education

## Opportunities of the Board of Directors – Updated January 2016

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- New CEO vision
- MD alignment
- New product lines
- Public education
- Public engagement
- CEO with new ideas
- New partnerships – community
- Board education
- Influencing legislation
- Clarify policies/procedures – leave a better road map
- Developing leaders – board, foundation, administration
- Develop relationships with ski resorts
- Improve alignment of hospital/community
- Maintaining/improve financial viability
- Improve communications – internal & external

## Threats of the Board of Directors – Updated January 2016

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- The government
- Alleged lead of confidential information
- Fear – limiting decisions, debate
- Another bad snow year
- Transparency
- Potential for take over
- Lack of public confidence
- Out migration
- Board behavior leads to community perception of medical care
- Not knowing roles

## Strengths – TFHD, Updated January 2016

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- Highly skilled employees
- Competent & dedicated staff
- Longevity of employees
- Patient experience
- Quality initiatives/results
- MD participation
- Admin/Staff relationship
- Commitment to community wellness
- Best HR department
- High care/satisfaction ratings
- New facilities/equipment
- “State of the Art” cancer center
- Intelligent & capable retired community
- Relative current financial position
- Strong reputation in community
- Facilities seismically updated
- UC Davis
- Physician leadership
- New leadership
- Economic driver of community
- 21<sup>st</sup> Century healthcare
- Modern technology
- Nursing staff
- Availability of consultants
- Good emergency room
- Robust tourism
- Quality of care
- Innovation
- Nimble/agile
- Critical access
- Public supported
- Support between medical staff & administration
- Community support
- Integral part of the community
- Continuum of care
- Forward looking Admin & staff



## Weaknesses - TFHD, Updated January 2016

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- Data analytics
- Public elected board
- Price competition with other institutions (Reno Diagnostic)
- Small population
- Increasing MediCal
- Difficulty communicating value to community
- Poor payer mix
- Difficulty in developing economies of scale
- Difficulty attracting/retaining key highly skilled “single” job positions
- Baggage from previous CEO’s legal issues
- MD recruitment/retention
- Board dysfunction undermines public perception of TFHD
- MSC conflict
- EMR/IT
- Compliance
- Education + current practices
- Physician referrals
- Consumer referrals
- Physician/patient demand (low)
- Better communicate with the public – transparent, educate
- Cultural differences in community
- Communication in community (bi-lingual)
- Investment rating

## Opportunities - TFHD, Updated January 2016

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- Board/C-suite relations
- New relations with MDs
- Capture market share of possible out migration
- Multiple community organization/partners
- Keep patients from going off the hill
- Partnerships with others in our community/outside community
- Innovation with regards to IT, HER, HIS, etc.
- Chronic disease management = better health = better ACA
- Overcome bad press from 2014
- Use focus on TFHD to engage and involve community with our initiatives
- Build cancer and orthopedic volumes
- Enormous intellectual capital in community
- Community focus on substance abuse/mental health issues
- Include Hispanic population
- Affordable Care Act
- Increase revenue from non-traditional sources
- Community health needs
- Better financial consulting for patients
- MD education of economics of reimbursement
- Strategic planning
- Board governance – utilize committees
- Product line vs. community needs – educate the public
- Out-migration studies

## Threats - TFHD, Updated January 2016

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- Investigative reporting
- Declining insurance reimbursement
- Payer type/mix
- Public opinion perception
- Aging MDs
- Regulatory agencies, compliance (National)
- Governmental regulatory uncertainties
- Expense of compliance/legal impairs ability to provide healthcare
- Ongoing distraction from 1090 investigation
- Misinformation
- Global warming
- Vocal anti-tax group in community
- Natural disasters
- Medicaid expansion program
- Economic trends
- Disease
- Competitive threats
- Poor snow conditions
- Covered California
- Insurance exchange (Nevada)
- Other medical groups acquiring our physicians and moving into the area
- Local insured being diverted